

Building the Foundations
of Nursing
at Columbia University



ANNUAL REPORT
School of Nursing
Columbia University

89  90
ACADEMIC YEAR

Dear Friends,

A MESSAGE FROM THE DEAN

1989-1990

This was a year of developing broader connections to assure the fullest possible success for our revitalized school. The Columbia Model has now taken shape in exciting ways. Having completed the development of our faculty practice plan, refined the curriculum for entry-to-practice studies, expanded preceptor development, and initiated the clinical partnership program, we are now engaged in weaving these initiatives into the fabric of our university and into the even broader tapestry of our community. It is this deeper partnership building that will give full color to our innovations and guarantee that what has academic promise also has value for those we serve as health care practitioners.

The clinical partnership program in particular has the potential for solidifying hospital and community connections. The Presbyterian Hospital and Memorial Sloan-Kettering Cancer Center were the first clinical partners this year. In 1990-1991, Lawrence Hospital will join the partnership — the three institutions sponsoring 36 clinical scholars in all. These Columbia nursing students are receiving full tuition scholarships in return for their agreement to participate in all clinical clerkships at the sponsoring hospital and to practice at the sponsoring hospital for an amount of time equal to their scholarship after graduation. In devising this partnership, the school eliminates many of the orientation days needed to introduce students to new clinical sites each semester, and provides the opportunity for in-depth experiences for students, faculty practice and clinical research projects. For the students, full tuition scholarships are far richer than financial aid that the school could provide.

Hospitals experience significant savings by decreasing both their recruitment and orientation budgets; these students have been recruited through the school's effort and expense, and the hospital orientation is largely complete by the time the scholar graduates from Columbia.

We believe the community will benefit from this partnership in three ways. First, resources in tight hospital budgets allocated for recruitment and orientation can be partially shifted and reinvested in patient care. Second, the "new" nurse will really be quite experienced, having spent the entire training period being socialized to that particular hospital. Third, other scarce academic resources in the school are invested preferentially in the partnership hospitals, including internships for clinical specialist students, faculty research projects and faculty practice activities. All of these enrich patient care.

Innovations that increase efficiency and quality are destined for success. We believe the Columbia Model will contribute to the quality of patient care. Our students who are participating in the Kellogg Foundation community health project are learning to foster increased access to primary health care in community based agencies. Faculty practice also enhances patient care by linking a faculty member's expertise with students practicing under his or her guidance in the clinical setting.

Columbia University has always supported and valued professional education. Twelve professional schools in the university offer graduate degrees, and expectations of these schools are high: a professional school in a university such as Columbia must not only train its students for competent practice, but must do so using innovative methods of the highest quality, and the graduates must be those who lead the profession in meeting society's needs. Faculty in professional schools should be experts in their disciplines and leaders in furthering the knowledge base of those disciplines. While these requirements may sound dry and philosophical, they are part of the pride and the buoyancy and rhythm of this faculty's march toward excellence, and a major part of this year's greatest accomplishments.

We still have far to go, and the newness of all we are doing causes concern for the stability and strength of our ventures, but we are nonetheless optimistic and we look to the future with great hope. We are grateful for your support and for the opportunity to give you this update on our progress.

Mary O. Munding, Dr.P.H.
Dean



COLUMBIA UNIVERSITY
SCHOOL OF NURSING

THE YEAR AT A GLANCE: ACADEMIC ACTIVITIES

1989-90 was a year of growth and synthesis. In May, Dean Mary Mundinger announced the endowment of the School's first endowed professorship, the Centennial Chair in Health Policy. The chair is the first professorship in health policy in any school of nursing and symbolizes the important link between the School's emphasis on clinical excellence and the development of health care delivery policies.



The three initial elements of the Columbia Model were in place and a fourth, Clinical Partnerships, was introduced. The task of integrating the four into an efficient whole continued. (Please see box opposite for a summary of the Model). Typical of most innovations, there are still wrinkles to be ironed out in the Model. For example, it has proven to be a significant task to identify, train, coordinate and evaluate the large number of clinical preceptors needed to work with our growing numbers of students; and faculty practice claims many faculty hours

away from the School. But the excellent effects of the Model on the students, faculty and clinical colleagues is what we have been striving for and what gives us the ambition to proceed.

The newly implemented Clinical Partnerships have been an exciting and promising addition to the Model, both in providing financial assistance for students and in building professional bridges with metropolitan area clinical facilities. The School's research showed that students tended to accept employment after graduation at the hospital in which they had been precepted. The Partnership program provides a guarantee of academically well-prepared new staff nurses who are already familiar with the hospital's policies and procedures when they begin their employment.

In July 1989, the School received a planning grant from The Commonwealth Fund to establish an M.S./M.B.A. program with the Columbia University School of Business. The five-semester program is designed to prepare nurses for high level management positions in clinical settings. The rigorous program is set to begin in the Fall of 1990.

Planning also went forward this year in the establishment of a doctoral program for the School of Nursing. This small, very selective program will prepare students for a D.N.Sc., a doctorate for nurses engaged in clinical research, as distinct from theory building or education studies. The program received approval from the Faculty Council of the Health Sciences Division and will move on to the University Senate in the Fall of 1990.

This year also saw the establishment of an Office of Multicultural Affairs for the School. The number of minority students entering the School has risen from approximately 6% over the ten year period from 1977 to 1987

to 20% this year. The Office will serve as a center for academic, financial, personal and professional guidance for students, as well as a catalyst for intercultural understanding and enhancement in all School matters.

In April, the first Theresa Marcos Jansson lecture was delivered by Loretta Ford, Dean Emeritus of the University of Rochester School of Nursing. The lecture was established through the generosity of Steve Jansson in memory of his wife, a member of the undergraduate class of 1978 and the Pediatric Nurse Practitioner master's program of 1986.

FACULTY PRACTICE

All faculty members are involved for twenty to fifty percent of their full-time academic appointment in active clinical practice or research.

PRECEPTING

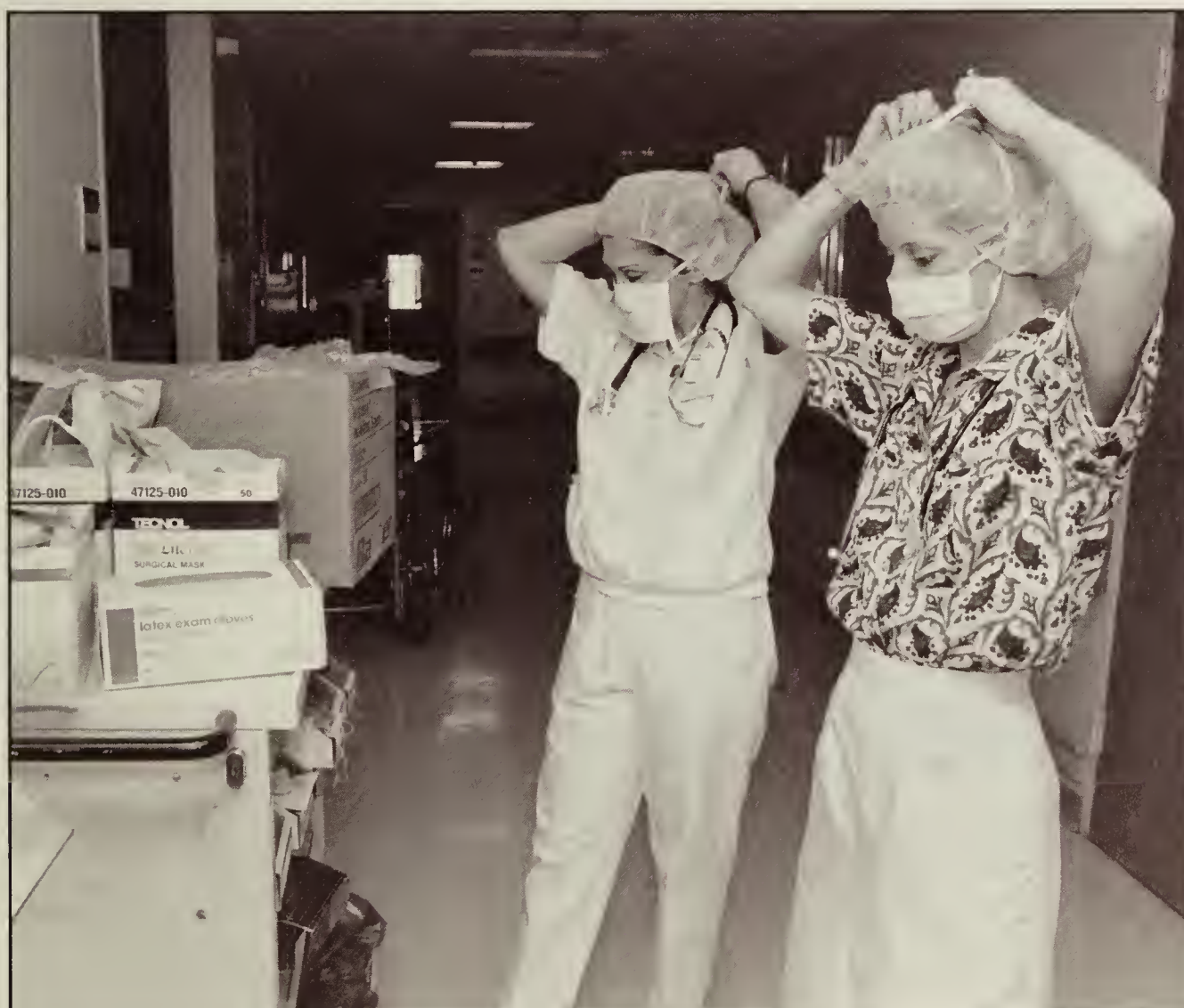
Students receive clinical instruction in a one-on-one relationship with a practicing nurse in a clinical site.

NEW PATHWAYS

The Entry-to-Practice/AMP program offers non-nurses who possess a bachelor's degree in another discipline the opportunity to earn the B.S. and become eligible to sit for the R.N. boards in a 16-month program, and to continue with the master's in a clinical specialty concurrent with a position in nursing practice. The R.N./AMP program is designed for R.N.'s who wish to earn a B.S. and an M.S. in one of eleven clinical specialties.

CLINICAL PARTNERSHIPS

Hospitals underwrite the tuition costs of a student during the period of undergraduate study in exchange for the student's agreement to take all clinical training and practice at that hospital for a specified period following graduation.



The School of Nursing is experiencing a true renaissance. A major curriculum revision is underway that will at once streamline and strengthen the preparation our students receive. In a profession still characterized as "in crisis," the School has no shortage of highly qualified applicants who boast an unmatched breadth of life and career experience and who bring extraordinary maturity, dedication, vision and realism to their studies. The entering class in the Fall of 1989 was twice the size of the previous year's. Its members averaged 35 years of age and had highly competitive SAT scores (average cumulative score of 1250), some 350 points above the national average. The class was 20% male, compared with a 4% rate in the profession, and 20% minority students.

The class accepted for the coming year continues this trend. The class size has increased by half again to 60 students. The average age will be 36 years and the class will be 25% men and 24% minority students. Standardized test scores remain competitive with those of students entering the country's most selective colleges.

The reorganization of the School is still understandably complex to many of its alumni and friends. To those outside the profession, the difference between nursing education here and elsewhere may not be clear. To those alumni who have not practiced in some years, the profession itself has completely changed, no less so the process of nursing education delivered at their alma mater.

We are eager for the continued involvement of friends and colleagues, and we have many fine nursing colleagues to thank for inspiration and innovative thought from which we have benefited during the School's revitalization. Among these, several stand out in particular: Dean Joyce J. Fitzpatrick of the Frances Payne Bolton School of Nursing at Case Western Reserve University; Dean Sheila Ryan of the University of Rochester School of Nursing; Loretta C. Ford, the University of Rochester's Dean Emeritus; Rheba de Tornyay, former Dean of the University of Washington School of Nursing; and Clare M. Fagin, Dean of the School of Nursing at the University of Pennsylvania. We are grateful for the participation of these and many other esteemed colleagues in our School's rebirth.



PRECEPTING

The precepting program continues to be one of the keystones of the Columbia Model. Our older, non-traditional students are particularly avid proponents of this system which allows for intensive learning and early responsibility and accountability.

This year, graduating students developed research projects on topics of their choice in their assigned clinical site for leadership, and gave presentations on their experiences and findings to classmates, preceptors and faculty members.

The 1990 leadership presentations took place on May 1 in the Riverview Lounge of the Hammer Health Sciences Building at Columbia-Presbyterian Medical Center.

Deborah Hill worked with cocaine-exposed boarder babies at Roosevelt Hospital. Some 2% of all live births in New York City are now affected by substance abuse. The number at St. Luke's - Roosevelt Hospital Center alone doubled from 1986 to 1989. These babies need special stimulation and affection both because they are separated from their mothers and because of interactional problems caused by cocaine. Deborah helped develop a system of stimulation techniques to be used by volunteers in a special program for these infants. Following graduation Deborah plans to work in labor and delivery nursing at Presbyterian.



Connie Milner, who hopes to pursue studies in midwifery, conducted a survey of breastfeeding intolerance among clinic patients at Columbia-Presbyterian Medical Center. She found that while breastfeeding was generally viewed positively by private pay patients, only 23% of the 100 clinic patients she surveyed chose to breastfeed. They tended to perceive bottle feeding as more "modern" and saw breastfeeding as a painful nuisance that would get in the way when they had to return to work. Those who chose to breastfeed had an understanding of the bonding, nutritional and immunological benefits of the practice.



Kimberly Werner-Rebovich worked with faculty member Louise Cortese in her school-based pediatric practice at Public School 13 in Brooklyn. Kimberly's project was a behavior modification program for overweight children at the school. The program consisted of group meetings, food diary keeping, encouragement of exercise, and an awards system. Kimberly observed no great weight loss among the forty children in the program but did perceive a rising consciousness of the problem and solutions on the part of families and school faculty, and increased self esteem and motivation among the children in the program.

Michelle Lind and Lucille Wong developed an HIV education program for health care workers at the Incarnation Children's Center, a transition residence for HIV positive infants in Washington Heights.

Jennifer Glatter and Margaret Emley worked in the Project HOPE (Homebound Outreach Program for the Elderly) of the YM/YWHA on Nagle Avenue in Inwood. Through visits with homebound seniors, they

studied the effects of loneliness and isolation on health, particularly on compliance with medication programs. They found that multiple factors contributed to non-compliance and that communication, patience and understanding were critical in understanding a client's specific refusal or inability to comply with a medication program.

Joanne Schiffman participated in the Kellogg Foundation Community Health Promotion Project as an orientation trainer for community interviewers. After coping with significant language barriers, Joanne used role playing techniques to help prepare interviewers for their visits to community homes. She was also interested in and learned about cultural differences and traditional health techniques including herbs and holistic approaches that are important to understand when working with different cultural groups. She found that, overall, the program is making significant strides towards empowering community members to help themselves and play an active role in their own health care.

The following is a selected list of faculty publications in the professional literature for the 1989-90 academic year.

SUSAN BENEDICT, RN, DSN

- Benedict, S. 1990. Care of women with AIDS in the home setting. *Home Health Nurse*.
- Benedict, S. and Williams, R. 1990. BSN program flexibility utilizing laptop computers. *Computers in Nursing*.
- Benedict, S. 1990. Nursing research priorities related to HIV and AIDS. *Oncology Nursing Forum*, July/August.
- Benedict, S. and Coffield, K. 1989. The effect of brain hemisphere dominance on learning by computer assisted instruction and traditional lecture method. *Computers in Nursing*, August.
- Benedict, S. and Burge, J. 1990. The relationship between human field motion and visible wave lengths. *Nursing Science Quarterly*, Summer.
- Benedict, S., Carr, S., and Green, R. PWAs perceptions of nursing care. *Proceedings of the Sixth International Conference on AIDS*, June 1990.

RICHARD GARFIELD, RN, DrPH

- Garfield, R.M. 1989. War-related changes in health and health services in Nicaragua. *Social Sciences Medicine*, 28(8): 669-676.
- Garfield, R.M., Prado, E., Gates, J., and Vermund, S.H. 1989. Malaria in Nicaragua: Community Based Control Efforts and the Impact of War. *International Journal of Epidemiology*, 18(2): 434-439.
- Garfield, R.M. and Williams, G. (In press.) *Nicaragua: Politics and Policies in Primary Health Care*. Oxford University Press.
- Garfield, R.M., and Williams, G. 1989. *Health and Revolution, the Nicaraguan Experience*, OXFAM, Oxford.

RONDA P. GROSS, RN, MSN

- Gross, R.P. (In press.) The role of a pediatric clinical nurse specialist in a general emergency department. *CNS*.

MARY JO HANSELL, RN, DrPH

- Hansell, M.J. 1989. *The Adequacy and Effectiveness of Prenatal Care*. DrPH Dissertation, University of California, Los Angeles.

CHERYL M. HOLLY, RN, EdD

- Holly, C.M. 1990. Critical care nurses' participation in ethical decision making. *Journal of the New York State Nurses' Association*.
- Holly, C.M. 1990. Attacking the nursing shortage from within. *Nursing Connections*.
- Holly, C.M. 1989, Sept-Oct. Access and acceptance in clinical nursing research. *JNSNA*.

JUDY HONIG, RN, MS, CPNP

- Honig, J. 1990. (In press.) A School-based clinic in a preschool. *Journal of Pediatric Health Care*.

FACULTY PRACTICE AND RESEARCH

RAE JANET JACOBS-COHEN, RN, PHD

- Pomerans, H.D., Taube, P. Rothman, R., Cohen, R.J., & Gershon, M.D., Colonization of the post-umbilical gut by cells from the sacral neural crest: Direct tracing of cell migration using DiI and a replication-deficient retrovirus. *Anat. Rec.* 226, 81A-82A.

SUZANNE LEGO, RN, PhD, CS

- Lego, S. 1990. Borderline personality disorder. In Varcolis, E. (Ed.) *Foundations of Psychiatric-Mental Health Nursing*. Philadelphia: Saunders.
- Lego, S. 1990. The fear of moving beyond one's parents. *Perspectives in Psychiatric Care*. Vol. 28, No. 1.

RONNIE LICHTMAN, RN, MS, CNM, MPhI

- Lichtman, R. and Papera, S. (eds.) 1990. *Gynecology: Well-Woman Care*, Appleton & Lange, E. Norwalk.
- Lichtman, R. 1990. More voices for educational innovation. *Journal of Nurse-Midwifery*, 35(1), January/February.
- Lichtman, R. 1989. Birth in the lateral position (media review). *Journal of Nurse-Midwifery*, 34(6), November/December.

PATRICIA Z. LUND, EdD, RN

- Lund, P.Z., 1989. The context: A changing environment. In R. Tappen, *Nursing Leadership and Management: Concepts and Practice*. Philadelphia: F.A. Davis.
- Lund P.Z., 1990. Changing family roles. In M. Auvenshine & M.G. Enriquez. *Comprehensive Maternity Nursing: Perinatal and Women's Health*. Boston: Jones & Bartlett.

LISA PILLON, RN, MSN, OCN

- Pillon, L.R. (In press.) Cyclosporine: A nursing focus on immunosuppressive therapy. *DCCN*.
- Pillon, L.R. (Book review), 1989. Leukemia: A family's challenge. *Oncology Nursing Forum*. July-August.

PATRICIA M. RUIZ, RN, MS, CPNP

- Ruiz, P. (In press.) Dominican concepts of health and illness: An overview. *Journal of the New York State Nurses Association*.

MAURA C. RYAN, RN, GNP, PHD

- Ryan, M.C., & Robinson-Smith, G. 1990. Meaning-making in the hospitalized aged. *The Journal of Gerontological Nursing*, 16, 1-4.
- Ryan, M.C. & Austin, A.G. 1989. Social supports and social networks in the aged: State of the science. *Image: The Journal of Nursing Scholarship*, 21, 176-180.

The faculty practice component of the Columbia Model, established in 1986, provides the unique opportunity for all faculty members to be active in a clinical practice or externally funded research as part of their academic appointment. As a result, the faculty remain current in their field of clinical interest while pursuing an academic career and students reap the benefit of their experiences in clinical settings and research.



FOUNDATION SUPPORT FOR RESEARCH AND PROGRAMS

Private foundations contributed over \$750,000 to the School for valuable programs and research during the 1989-1990 year. Without this support, many excellent student and faculty activities could exist only at the expense of other programs or not at all.

We are once again indebted to the Samuel and May Rudin Foundation for its support in the amount of \$40,000 for the R.N. Re-entry Program and the May Rudin Clinical Nursing Research Program, and to the Louis and Rachel Rudin Foundation for its support of \$120,000 including the Rudin Foundation Gift for Nursing Scholarships, the Edward Rudin Scholars, the Joint Master's Degree Oncology Program with Memorial Sloan-Kettering Cancer Center, and this year's new program of Minority Nursing Tutorials.

The School entered its second year of a three-year \$189,000 grant from the Aaron Diamond Foundation to evaluate the effectiveness of the Columbia Model. The grant, being administered through the Office of Student Affairs under the direction of Dr. Cheryl Holly, also provides for evaluation of elements of the curriculum reconfiguration.

The American Cancer Society provided \$80,000 in support of Dr. Rae Janet Jacobs-Cohen's research in embryology.

The Commonwealth Fund has awarded the School a \$100,000 planning grant for the development and establishment of the M.S./M.B.A. program with the Columbia University School of Business. Our School is one of 10 schools of nursing in the country where this program has been initiated.

1989-90 was the first year of implementation of the Kellogg study. Through the Kellogg Foundation's three-year, \$1 million grant, a study was undertaken on access to health care service in the Columbia-Presbyterian Medical Center community. Project researchers have spent this year interviewing residents of the community to evaluate current health care service utilization. The results will be used to help alleviate any problems identified and to develop community-based curricula for the health professions schools at the medical center. Dr. Mary Mundinger and Dr. Richard Garfield are the primary investigators. Dr. Garfield is project director of the Kellogg Study Office.

The School received from the Helene Fuld Institute a grant of \$15,000 for the acquisition of interactive computer software for teaching.

The Metropolitan Life Foundation provided the School with in-kind services to produce a new recruitment videotape for the Office of Student Affairs, and work began on that production with the videotaping of commencement exercises and summer clinical classes.

We join in expressing our thanks to our benefactors of many years who have helped substantively with the revitalization of the School, and to those organizations who have contributed more recently to our renewed strength and promise for the future.

96th COMMENCEMENT EXERCISES - MAY 15, 1990

Graduation Day for the School of Nursing was an historic occasion in several ways. At the University exercises, which took place on May 16 on the steps of Low Memorial Library at the University's Morningside Heights campus, Dr. Mary Mundinger was the first dean of the School of Nursing to present graduates for their degrees. In the past, School of Nursing graduates were presented by the Dean of the Medical Faculty.

The School's formal commencement exercises on the previous day at Columbia-Presbyterian Medical Center were also a source of pride for the School and this year's 131 graduates. The day began with a celebration breakfast for students and their families in Bard Hall and moved on to the 96th Commencement Exercises in the Alumni Auditorium of the College of Physicians and Surgeons.

The ceremony was honored by the attendance of University colleagues and dignitaries including University Provost Dr. Jonathan Cole and Vice President for Health Sciences Dr. Herbert Pardes, and by the presence of

two distinguished speakers. The Honorable David N. Dinkins, Mayor of the City of New York and the father of School of Nursing alumna Donna Dinkins-Hoggard '89, delivered an address to the graduates which highlighted the value of the nursing profession and the critical need for leadership nursing, particularly in New York and other urban areas which suffer from the severe health challenges of the inner city. Excerpts from Mr. Dinkins' speech appear in the Spring 1990 issue of *The Academic Nurse*.

Dr. David Nixon, Health Policy Staff Director for the United States Senate Committee on Labor and Human Relations, spoke on the potential links between excellence in nursing care delivery and the needs presented by the crisis in the health care system today. Dr. Nixon's address appears in this section.

Susan Hirsch Weinberg and Connie Milner, members of the master's and baccalaureate classes, respectively, addressed their fellow graduates, and Assistant Professor Priscilla Loanzon received an impromptu award from the graduates for excellence in teaching.



Associate Dean for Academic and Clinical Affairs Sarah Sheets Cook presided over the awarding of prizes to outstanding graduates.

The Jackson Prize for excellence in nursing care of the acutely ill patient is awarded to a member of the graduating class who has demonstrated interest, achievement and professional competence in the care of acutely ill surgical patients.

Heather Winn Malcolm

The Margaret Eliot Award is given in honor of a former Director of Nursing by her sister, Mrs. William Forbes, and is awarded to the student who most nearly combines professional competence, capacity for leadership and wholehearted compassion for patients.

Jennifer Glatter

The Shafer Award in Nurse Midwifery is given to a member of the graduating class who best exemplifies willingness to consider alternative approaches to providing care for childbearing families, sensitivity to the special need of childbearing women, and provision for family-centered care for all people.

Maryellen Pileggi

The Margaret F. Sullivan Award is given for excellence in nurse anesthesia to an outstanding member of the graduating class who best demonstrates qualities of academic excellence, clinical proficiency and empathy for patients.

Kathleen Pacent

The Theresa Marcos Jansson Award is given to a member of the graduating Pediatric Nurse Practitioner class who exhibits compassionate, creative caring, technical competence and strong client advocacy. This new award is given by the Pediatric Nurse Practitioner Faculty in memory of Terry Marcos Jansson '78, '88 MS, who exemplified all of these qualities.

Lisa Mendello

The Columbia University-Presbyterian Hospital Alumni Award recognizes the contributions of the undergraduate and graduate students who have demonstrated interest, ability and commitment to improving the quality of student-school relationships through active participation in school-related activities.

BS - Patricia McIntyre MS - Mary Jo Hoyt

The Faculty Award for Excellence is given to the undergraduate and graduate students who best exemplify the philosophy of the School of Nursing and the objectives of the baccalaureate and graduate programs, respectively.

BS - Caroline Sours MS - Silvija Kancans

Alpha Zeta Chapter of Sigma Theta Tau, the international honor society for nursing, presents its award for excellence to an undergraduate and graduate student who best exemplify the principles of Sigma Theta Tau: leadership, scholarship, community service.

BS - Narcisso Silao, Jr. MS - Jeannemarie Baker

The Faculty Award for Academic Achievement is given to the undergraduate and graduate students who have achieved the highest cumulative grade point average.

BS - Lisa LaClaire MS - Rodney Fisher

Cheryl Holly, Ed. D., Associate Dean for Student Affairs, presented this year's graduates:

Bachelor of Science

Lisa Maria Alcala
Lei Hsia Chen
Eric Chong
Eudoxie Atlee Davies
Margaret Susan Emley
Doretta Grace Galasso
Alice Gilgoff
Jennifer Glatter
Ann Havlik
Deborah K. Hill
Patrick J. Hudd
Alyce Marie Kenney
Lisa Mary LaClaire
Michelle Sarah Lind
Sandra Lund
Heather Winn Malcolm
Jillian McCann
Patricia Colleen McIntyre
Connie Milner
Charlene Petrec**
Lisa S. Peddle
Marilyn Andres
Perseveranda
Martha Anne Roth
Paige Marie Saddlier
Narcisso A. Silao, Jr.
Caroline J. Sours
Amy Turner
Joan Valas
Marie-Laure Vetterli
Cynthia Yvonne Ware
Marie Lynn Wells
Kimberly Anne
Werner-Rebovich
Lucille N. Wong

**Degree conferred February 1990

Master of Science

Marcella Glave Abbott
Ruth Stephanie Adelman
Barbara N. Ayala
Jeannemarie G. Baker
Wendy S. Berger
Debra Ann Bolka
Lynne Bonavita
Edmund A. Bouley
Carol Sue Bowe
Ann-Marie Brown
Cynthia Alice Brown
Charlotte Jane Brundage
Danielle Carrenard
Joyce Lynn Casale
Christina Ann Casey
Katharine A. Catanese
Shin-Shang Chou
Marsha Leslie Cohen
Larry R. Curtis*
Anne Marie D'Angelo
Renee Daiuta
Jeanette Ann DeFilippis
Risa Denenberg
Diane Marie Deveau
Karen E. Dubois
Cathy Rose Dunn
Berit Eklund
Rodney L. Fisher*
Nancy Hutton Fitzpatrick
Sharon Garber
Karen Gee
Kimberly Lynn Geromanos
Maureen Gersbeck
Joan A. Glickman
Beth Ann Golden
Debra Chana Goldstein
Barbara Sue Gordin
Donna H. Gunther*
Sharon Lawrence Harper
Veronica A. Haugh
Sandra D. Hodge
Jean Carleton Housepian
Mary Jo Hoyt
Roseann Ieraci
Debra B. Jones
Marcia P. Jones
Kathleen Ann Kamps
Silvija Kancans
Stacy J. Kreiswirth
Robin S. Krinsky
Laurie Ann Leabhart
Marilyn E. Leban

Dianne K. Lendler
Karen S. Magee
Laura Lynn McGuire
Lisa Mendello
Cheryl L. Miller
Terri Anne Raplee Miller
Patricia Monabianco
Elise Monaco
J. Monica Montufar*
Deborah Morrison
Judith M. Nixon
Maureen Elizabeth O'Hara
Rosalie T. Odchimar
Kathleen Pacent*
Patricia Clark Pappas
Sharon A. Paul
Suzanne Pavel
Linda K. Peters
Patricia Mary Phillips
Maryellen Callo Pileggi
Geraldine Marie Pope
Cindy Joy Popick
Donna P. Pynn*
Sherrie Kay Reigel*
Maureen T. Rorke
Leonora Sabatino*
Sondra Schubert
Marjorie Glen Silcott
Nancy Allison Smilen*
Catherine Spano Isnardi
Lawrence A. Stavish
May-Britt Sten
Jean Stewart
Jacqueline Sweeney
Leslie Jane Teague
Silvea Ella Thomas
Josephine Ann Tolomeo
Diane Jean
Tufaro-O'Connell
Susan E.H. Weinberg
Laura Santangelo White
Elizabeth Hannigan
Whittam
Lois Jean Wilson
Joann M. Yates
Pattison Andrews
Youngren
Emma A. Zetterstrand
*Degree to be conferred October 1990

Commencement Address to the Class of 1990

Columbia University School of Nursing

David H. H. Nexon, Ph.D.

Health Policy Staff Director, Senate

Committee on Labor and Human Resources



It is a great honor for me to be here today.

It is an honor because the Columbia School of Nursing is known not only in Washington but across the country as one of the pre-eminent institutions of its kind in the world.

It is an honor because there is no profession that is more important in the delivery of quality health care to the American people than nursing.

It is especially an honor to be here so soon after the announcement of the new Centennial Chair in Health Policy — the first nursing health policy chair in the country.

And it is not only an honor but a pleasure to have the opportunity to participate in this ceremony honoring the 120 fine young men and women - and their families — who are either entering the nursing profession today or are completing advanced nursing degrees.

My own family has had a number of serious illnesses during the past few years. In those illnesses, like millions of other Americans, we have been fortunate in receiving care in fine hospitals from excellent doctors — but we have been even more fortunate in the care we have received from skilled and compassionate nurses. In fact, the more illnesses I experience, the more I agree with the sentiments of Finley Peter Dunne, as expressed through his mouthpiece, the Irish saloon-keeper Mr. Dooley. As Mr. Dooley put it, "If the Christian Scientists had more science, and the doctors had more Christianity, it wouldn't make any difference which you called it — as long as you had a good nurse."

Good nurses and good health policy research in nursing is needed more today than ever before. You are beginning your careers at a time when our country is facing an unprecedented health crisis, a crisis that threatens the well-being of every American family.

The challenge we face involves four central problems. Each one of them is serious, and together they constitute a health care crisis of unprecedented dimensions. There are too many uninsured and underinsured Americans; there is not enough quality, affordable long-term care for our senior citizens; health care costs are escalating out of control; and essential health care facilities in every part of the country are overburdened to the point of collapse. The large and growing number of the uninsured is shocking. In 1979, twenty-nine million Americans were uninsured. Today, the number is 37 million and it is increasing every year. Over a 28 month period, not 37 million but 63

million Americans will be uninsured for a substantial period of time. An additional 60 million Americans have insurance that would prove inadequate in the event of serious illness. During the Great Depression, President Franklin Roosevelt declared a national crisis because in his vivid phrase, "A third of the nation is ill-housed, ill-clothed, and ill-fed." Today, more than a third of a nation is ill-protected against illness itself.

The lack of adequate health insurance poses the risk of financial devastation, but the risk it poses to health is even more devastating. Fifteen million American every year are turned away from needed health care or do not even seek it because they cannot afford it. Forty percent of hospital admissions in the nation's capital could have been avoided if patients had found timely outpatient care. Sixty per cent of the uninsured who experience such serious symptoms as chest pain or unexplained bleeding do not receive timely health care. Forty per cent of our nation's children do not even get basic childhood vaccinations.

Senior citizens are virtually all insured, but they face a crisis, too. Senior citizens have worked all their lives to earn a secure retirement, but their golden years are threatened both by the high cost of long-term care and by the shortage of quality long-term care in the most appropriate setting — even for those who can pay.

Three million severely disabled elderly Americans need home care or nursing home care today. Forty to fifty per cent of all senior citizens alive today will need nursing home care at some point in their lives. But few seniors can afford private long-term care insurance — and even fewer have it.

Long-term care is not just a problem for the elderly — it is a major burden for their sons and daughters as well. Few families are prepared — either financially or emotionally — to take full responsibility for meeting the challenges of providing long-term care for parents who need it. These families deserve help — but they are not getting it.

The soaring cost of health care and the unfair way we finance it are placing a heavy additional burden on the system. The national bill for health care today is \$660 billion, and costs are going up twice as fast as wages. Everywhere we hear demands for cut-backs in health care spending — both public and private — at a time when health care needs are greater than ever.

All these factors are contributing to the increasing collapse of critical health care facilities in all parts of the country. A majority of the private emergency rooms in Los Angeles that qualify as trauma centers have closed their doors, because they can no longer afford to care for seriously injured accident victims. Here in New York it is the rule rather than the exception in many hospitals for seriously ill patients to wait three days in the emergency room before an inpatient bed becomes available. And nationally, the number of patients admitted through the emergency room has increased by thirty-three per cent in just eight years.

In addition to these four basic aspects of the crisis, the twin epidemics of drug abuse and AIDS are major complicating factors. The drug epidemic is creating a nationwide demand for treatment service and is exacerbating infant mortality. Hospitals in California are spending an additional 500 million to 1 billion dollars a year to care for the stricken infants of drug dependent mothers.



The nation that spent one billion dollars to care for AIDS in 1986 will be spending 2.9 billion dollars this year and 8.5 billion in 1991. Here in New York City, hospital beds are filled with AIDS patients. But many of these patients could be more humanely and more cost-effectively treated in community care settings or nursing homes — if only placements were available.

These problems, daunting as they are, are far from insoluble. But their solution will take commitment from all of us — from politicians, from the American people, from health professionals — and especially from the nation's nurses.

We can provide adequate health insurance for all our people. With the single exception of South Africa, every other industrial nation in the world does it. We can do it, too.

We can assure high quality long-term care for all our senior citizens - and younger people who need it as well. It has been a quarter century since we enacted Medicare to guarantee our seniors access to hospital and

physician care at an affordable price. As we enter the last decade of the twentieth century, the time is long overdue to provide access to high quality, affordable long-term care, whether the care is provided in a nursing home or a senior citizen's own home.

We can get our costs under control as well. One of the reasons our costs are so high is that we do not care for people appropriately. We spend 700 dollars a day for a hospital bed when we could provide more appropriate care in a nursing home for 70 dollars a day. We force people into nursing homes at \$25,000 a year, when we could keep them in their own homes for \$5,000 a year. And we condemn thousands of children to a lifetime of pain, disability, and expensive medical care for want of a few dollars of timely prenatal care. And beyond the savings from doing the things we know how to do, there are vast potential savings — not just in money but in the opportunities for longer, better and more productive lives — from learning things we do not know today but can learn tomorrow. How many people lead full, productive lives

today because Jonas Salk invented the polio vaccine. How many young people may be saved because Dr. Donna Gaffney on your own faculty has demonstrated the success of nursing interventions in preventing teen suicide.

But none of these changes will come easily. Powerful vested interests have and will fight progress every step of the way. There are businesses that place the value of the extra dollar of profit far above the value of the extra dollar spent on fulfilling their social responsibility to ensure their workers. And they will spend political contributions like water to keep the extra dollar of profit.

Just as powerful corporations will fight for the last dollar of profit, powerful politicians will fight against investment in health care delivery or medical research so that those tax dollars can be invested instead in tax cuts for the very rich and wasteful weapons systems that are more superfluous today than at any time in the last half century. And the powerful voices of bigotry and fear have long been raised against effective programs to provide people the information they need to slow the spread of AIDS and help the victims of that dread disease.

As powerful as are the forces of greed, of political manipulation, and of bigotry in our society, I believe the forces of decency, of humanity, and of compassion are even stronger. No profession in society exemplifies these forces of good more than the nursing profession you have joined.

Nursing combines the knowledge and power of science with a practical and effective compassion. Perhaps the greatest figure in nursing, Florence Nightingale, combined compassion for her patients with scientific knowledge, administrative ability, and a

dogged willingness to fight for what was right on behalf of her patients. Those are still the highest attributes of nursing today. And with the new health policy chair here at Columbia and this school's strong tradition of health policy research, you have added a powerful weapon to the fight for good health. Strange as it sometimes seems, good ideas backed by sound research can have more influence in national policy than all the PACS and all the campaign consultants put together.

None of you chose nursing because you wanted to get rich, although I hope that current salary trends will continue, so that nurses can be richer than they are if not as rich as they deserve. You chose nursing because it combined compassion for people, scientific knowledge, and administrative ability with the opportunity to make an immense difference in the lives of the patients you will serve.

This nursing school has prepared you magnificently for the challenges ahead. I know that all of you will take the knowledge you have gained here and apply it to make the world a better place. The next time I need health care, I hope I get it from a nurse trained at Columbia. The next time I need a health policy idea to take to Senator Kennedy, I will look to nursing researchers trained at Columbia. And the next time we take a bill to the Senate floor to improve the health of the American people, I hope that all hundred Senators have gotten their marching orders from the nursing profession.

This is a proud moment for you and your families. You have all worked hard and accomplished much to receive your diplomas today. But this work and accomplishment is nothing more than a proud prologue for what lies ahead. For you and yours, may the best be yet to be.



FINANCIAL SUMMARY

As evidenced by the charts on this page, in 1989-90 salaries and benefits continued to create the largest demand on the School's budget. The cost of recruiting and maintaining faculty in the New York metropolitan area is an ongoing concern of the School. As clinical salaries in nursing rise and as our talented faculty and administration are lured away by management positions in health care agencies and industry, we are increasingly challenged to provide competitive compensation. This year, streamlining of faculty activities reduced the segment of the budget dedicated to salaries and fringe, but this was taken up immediately by direct financial aid to students.

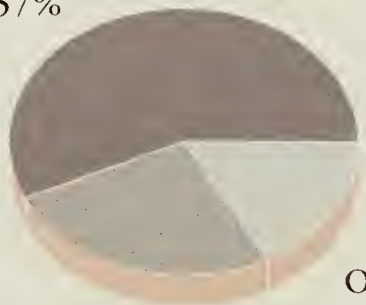
Our ability to attract excellent students is enhanced by our ability to offer generous aid packages, but the strain will begin to be felt as we increase the size of our class. The budget will be pinched as more students need financial assistance and the School requires more faculty to carry the teaching load. Additional streamlining of the curriculum will alleviate the problem to some

extent, but the need for secure endowments to provide for faculty support is vividly clear.

Although other expenses, which include the general ongoing expenses of running the School, make up the smallest segment of the budget, this does not entirely reflect the true needs of the School. There is still much to be accomplished in student programming; professional advising, technological support for faculty and teaching are still at a bare minimum; and the Georgian Building which has housed the School for some five years, although handsomely repainted and redecorated with some of the School's lovely historic possessions from Maxwell Hall, is an old and fragile shell that needs a comprehensive overhaul. A major project for the future will be the securing of funds for a new building for the School, possibly in partnership with the School of Public Health. We are hopeful that public awareness of the value of nursing in addressing society's most urgent health care needs will help us gain support for this vital project.

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SALARIES & FRINGE
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We are all deeply grateful for these gifts, which reflect the loyalty and trust of alumni and friends. The students, the present and future of the School, and the profession all benefit from your generosity.

In the next few years, the School's community of alumni, friends and colleagues will be called on to support the School as they have never been asked before. But with that support will come the promise of a second century of excellence in nursing education following one hundred years of which we can all be justly proud.

Thank you!

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This year donors contributed a record \$31,125 to the fund. Our thanks go, too, to the Scholarship Fund Reception committee who helped make this year's drive a success.

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On November 16, 1989 the School launched the most ambitious fund raising program in its history — to raise \$3 million by the Centennial Year 1992.

During this first year, the Campaign met with dramatic success. In May, Dean Munding announced the endowment of the \$1 million Centennial Chair in Health Policy, the first endowed professorship for the School and the first chair in health policy in any school of nursing.

Promising steps were also made toward the endowment of the Anna C. Maxwell Chair, which will be the School's first named endowed chair, and which will honor the School's founder and visionary leader. Through the generous leadership of the CU-PH School of Nursing Alumni Association and numerous individual alumni and friends, we were able to build a substantial base towards the endowment of the chair which we hope to complete by the end of 1991.

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